## PART B - FEE(S) TRANSMITTAL

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maintenance fee notifica		letwise in Block 1, by (a	i) specifying a new c		-					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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C/O DELIZIO (	GILLIAM, PLLC ROAD, SUITE 100	1 4 2010	I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.							
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									(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		TOR	ATTORNEY DOCKET NO.		NEY DOCKET NO.	CONFIRMATION NO.		
10/666,793 09/18/2003		<u>_</u>	Daniel James Matthew		vs W1/15/2011,GB920020065US1			9027		
TITLE OF INVENTION: MANAGING TRANSACTIONS IN A MESSAGING SYSTEM										
01 FC:1501 1510.00 DA 62 FC:1504 300.00 DA										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	JE DATE DUE		
nonprovisional	МО	\$1510	\$300	•	\$0	\$0		01/15/2010		
EXAMINER		ART UNIT	CLASS-SUBCLASS	3						
VERDI, KIMBLEANN C		2194	719-314000		*					
1. Change of correspond CFR 1.363).	2. For printing on the patent front page, list  (1) the same of up to 2 resistant about 1 DeLizio Gilliam, PLLC									
	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,									
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
International Business Machines Corporation Armonk, NY										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🖵 Individual 🗹 Corporation or other private group entity										
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)										
Issue Fee	A check is enclosed.									
Publication Fee (N	Payment by credit card. Form PTO-2038 is attached.									
Advance Order -	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 090447 (enclose an extra copy of this form).									
5. Change in Entity Sta	tus (from status indicated	d above)								
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).										
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Authorized Signature /Steven R. Gilliam, #51734/ Date 26-October-2009										
Typed or printed nam	Registration No. 51734									
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